



Donor Pledge Form

Secure Beginnings is honored by your annual or multi-year pledge. Your commitments allow us to plan strategically as we fulfill our mission to nurture healthy first relationships for families with children 0-5, leading to improved social, emotional, and academic lives for our families, our communities, and our world.

DONOR INFORMATION

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list my/our gift using this donor name: _____

or _____ I/we prefer to remain anonymous

PLEDGE INFORMATION

I/We pledge to donate \$_____ to Secure Beginnings every (circle one)

Year QuarterMonth

starting on (Month/Day/Year): _____ through (Month/Day/Year): _____

My/our total pledge over this period of time is \$_____

Secure Beginnings will send reminders one month before each installment is due for quarterly or annual gifts. All gifts will be applied to the area of greatest need unless directed otherwise.

I/We prefer to direct my/our gift to this program: _____

PAYMENT INFORMATION

_____ My/Our first payment is enclosed or will be mailed by _____ (date).

Please make check payable to Secure Beginnings and mail to address below

_____ Credit Card (I/We will make a secure credit card payment online at <https://securebeginnings.org/donate>)

_____ Credit Card: Please call me to complete credit card payment via phone

Signature _____ Date _____

To return this form, please print, sign and mail to:
Secure Beginnings, PO Box 285 Ojai, CA 93024, or scan and email to renee@securebeginnings.org.
Questions? Call Renee Mandala, Executive Director, at 805-667-2115
Tax receipts will be provided as payments are received. Our tax ID number is 77-0544181.